for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

SEPA

## Regulated Waste Activity nvironmental Protection Agency

(For Official Use Unly)

|   | I O I I I O I    | SCHOIL AGENC                      | <i>I</i>          |           |                |  |
|---|------------------|-----------------------------------|-------------------|-----------|----------------|--|
| I. Installation's EPA ID Number (Mark 'X' in the appropriate  | e box)           |                                   |                   |           |                |  |
| A. First Notification B. Subsequent Notificati (complete item C)  | ion 1            | /J/D                              | 9860              | PA ID NUI |                | 3  |
| II. Name of Installation (Include company and specific site   | name)            |                                   |                   |           | -              |  |
| AMOCO SERVICE S   | STAT             | TON                               | 1 10              | 1         | 11419          | 14   |
| III. Location of Installation (Physical address not P.O. Box  | or Route Numl    | ber)                              |                   |           |                |  |
| Street  | ماجا ا           | ساير اسا                          | 4                 | TT        |                | <del></del>  |
| 41917-15111 ROUTE 13  | 2016             | ESI                               |                   |           |                |  |
| Street (continued)  | TI               |                                   |                   | TIT       |                |  |
| City or Town  |                  | State Zi                          | P Code            |           |                |  |
| NORTH PLAINFIEL   |                  | NJE                               |                   | JA-1      |                |  |
| County Code County Name   |                  | 1001 410                          | 11016             | 19_1      |                |  |
| SOMERSETI   |                  | ПП                                | TIT               | TIT       |                |  |
| IV. Installation Mailing Address (See instructions)   |                  |                                   |                   | 1         |                |  |
| Street or P.O. Box  |                  |                                   | <u> </u>          |           |                |  |
| SAME AS A BOVE  |                  |                                   |                   | TIT       | ·III           | T  |
| City or Town  | _ 1 1 1          | State ZI                          | P Code            | 1 1 1 1   |                |  |
|   |                  |                                   | 1 1               | T   -     |                |  |
| V. Installation Contact (Person to be contacted regarding s   | waste activities | at cita)                          | 1 1 !             | 1 1 1     |                |  |
| Name (last)   | (first)          | at site                           |                   |           |                |  |
| FERNTON, A  | ROB              | ERT                               | +                 |           |                |  |
| Job Title   |                  | mber (area co                     | ode and numb      |           |                |  |
| ENGINEER  | 008              |                                   | 1 - 5             | 1121      | $\overline{Z}$ |  |
| VI. Installation Contact Address (See instructions)   | 11010            | 1 1914                            | 1( )              | 1101      | 0.1            |  |
| A. Contact Address B. Street or P.O. Box  |                  |                                   |                   |           |                |  |
| Eccation Manipo   | 11-11-           | 1 1 1 1 /                         | ENU               | IAT       |                | _  |
|   | 115161           | 1 1 <i>12</i> -17                 | ILINIU            |           | 1 1            |  |
| 1 City of Town  | ,                |                                   |                   |           |                | ì  |
| City or Town  |                  | State ZIF                         | Code              | 0 0       |                |  |
| CARTERET  |                  | State ZIF                         | Code              | 8 = 3     | 2319           | 17   |
| CARTERET  VII. Ownership (See instructions)   |                  | State ZIF                         | Code              | 8 = 3     | 2 3 9          | 7  |
| VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  |                  | State ZIF                         | Code              | 8 = 3     | 2 3 9          | 17   |
| CARTERET  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  A MOCO OI L COMPA   | IN V             | State ZIF                         | Code              | 8 %       | 2 3 9          | 17<br>L  |
| CARTERET  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  AMOCOOLLCOMPA  Street, P.O. Box, or Route Number  |                  | State ZIF                         | Code              | 8 2       | 2 3 9          | [7]  |
| CARTERET  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  A MOCO OI L COMPA  Street, P.O. Box, or Route Number  760 ROOSEVELT A                     | 1 1 1            | NTO<br>NTO                        | - Code<br>  7 0 0 | 8 2       | 2 3 9          | 17<br>   |
| CARTERET  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  A MOCOOLLCOMPA  Street, P.O. Box, or Route Number  760 ROOSEVELT A  City or Town          |                  | NTO<br>NTO                        | Code              |           |                | 17<br>   |
| CARTERET  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  AMOCOOILCOMPA  Street, P.O. Box, or Route Number  760 ROOSEVELT A  City or Town  CARTERET | HVEN             | NTO UE State ZIF                  | Code 700          | 8 - 6     | 239            | <b>7</b>     <b>1</b>     <b>7</b>     <b>7</b>     <b>7</b> |
| CARTERET  VII. Ownership (See instructions)  A. Name of Installation's Legal Owner  A MOCOOLLCOMPA  Street, P.O. Box, or Route Number  760 ROOSEVELT A  City or Town          | HVEN             | NTO  WE  State ZIP  WO D. Channel | Code              | 8 - 6     |                |  |

| VIII. Type of Regulated Waste Academy (44)  |  |
|---|--|
| VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes.  | . Refer to Instructions.)  |
| A. Hazarbous Waste Activity   | B. Used Oil Fuel Activities  |
| 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation  1. Air 2. Rail 3. Highway 4. Water 5. Other - specify  I. Description of Regulated Wastes (Use additional sheets if pagessant)  | at installation)  1. Off-Specification Used Oil Fuel or a. Generator Marketing to Burn b. Other Marketer  2. Burner c. Burner - indicate device(s) Type of Combustion Device computed in the process of the control of the Oil Meets the Specification control of the Oil Meets the Oil M |
| A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspond wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)   | ding to the characteristics of poplished bear  |
| (DOOT) 2. Corrosive 3. Reactive 4. EP Toxic   | us waste number(s) for the EP Toxic contaminant(s))  |
| 1 2 3 4  Certification  | 5 6  |
| ertify under penalty of law that I have personally examined and am familia dall attached documents, and that based on my inquiry of those in taining the information, I believe that the submitted information is true there are significant penalties for submitting false information, in the personal submitted in the | iar with the information submitted in this ndividuals Immediately responsible for it, accurate, and complete. I am aware including the possibility of fines and  |
| omments   | 50 11-24-92.   |
|   |  |
|   |  |
|   |  |
| Mail completed form to the appropriate EPA Regional or State Office. (See Section   |  |



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/07/92

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986643393

FACILITY NAME -> AMOCO SERVICE STATION 11494

MAILING ADDRESS -> 497-511 RTE 22 W NORTH PLAINFIELD, NJ 07060

INSTALLATION ADDRESS ->

497-511 RTE 22 W NORTH PLAINFIELD, NJ

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 26 FEDERAL PLAZA **NEW YORK, NEW YORK 10278** 

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: FERNICOLA, ROBERT ENGR AMOCO SERVICE STATION 11494 760 ROOSEVELT AVE CARTERET, NJ 07008-2397